

Castleman Eye Center

LASIK SATISFACTION SURVEY

Our doctors and the surgical staff want to thank you for choosing our facility for your eye care. It was our goal to offer you the best surgical care available. Please help us to determine if we are satisfying our patients' needs by answering the following questions

- Yes _____ No _____ Do you feel you were greeted courteously by our staff?
- Yes _____ No _____ Were your instructions clear before surgery?
- Yes _____ No _____ Did our doctor put you at ease during surgery by explaining the procedure?
- Yes _____ No _____ Do you feel the staff was thorough and competent in their responsibilities?
- Yes _____ No _____ Are you satisfied with your surgical results?

We hope that you are happy with your services received at Castleman Eye Center. We ask that you write on the lines below, a patient testimonial that we may use on our website, Google Review or marketing materials with your permission. If not, please tell us how we can improve.

May we share your comments in our promotional material? _____ Initial here if OK.

First Name: _____ Last Initial: _____ City: _____

Any Comments or Suggestions? _____

Thank you for taking the time to complete this questionnaire. It will help us to continue to meet our patients' needs. **Please visit the Castleman Eye Center FACEBOOK page to comment about your LASIK procedure.**

13080 Eureka Rd
Southgate MI 48195

1-800-403-0060

113 E Long Lake Rd
Troy, MI 48085